

Bridges Healthcare & Nursing Limited

Head Office

Inspection report

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Date of inspection visit:
30 March 2022

Date of publication:
09 May 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Head Office (Bridges Healthcare and Nursing Ltd) is registered to provide personal care to people in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 31 people were receiving personal care from the service.

People's experience of using this service:

Risks to people were managed appropriately to maintain their safety. There were enough staff available to deliver safe support to people. People received their medicines safely. Staff had received training in safeguarding adults and knew actions to take to protect people from abuse. Lessons were learned from incidents and accidents. Staff followed infection control procedures to reduce risks of infection and Covid-19.

People's needs were assessed following best practice guidance. People were supported to meet their nutritional and hydration needs. Staff supported people to access health and social care services to maintain good health. Staff liaised with other services to ensure people's care and support were effectively planned and delivered. Staff were supported through regular training and supervisions to be effective in their roles.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered.

People were involved and given choice about their day-to-day care and support. Staff treated people with dignity and respect. People received care that met their individual needs and preferences. People's care plans were reviewed and updated regularly to reflect their current needs. Staff had received training in equality and diversity. Care plans indicated people's religious, cultural beliefs and other protected characteristics.

There was a complaints procedure available. People and their relatives knew how to complain if they were unhappy with the service. The views of people were sought and used to improve the service. Quality checks and audits took place. Actions were taken to rectify areas of concerns identified. The provider worked in partnership with other organisations to develop the service. The registered manager met their statutory responsibilities to the CQC.

Rating at last inspection: The last rating for the service under the previous provider/location was good. [published on 18 October 2017].

Why we inspected: This service was registered with us under a new provider on 04/08/2020 and this is the first inspection since their new registration.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Head Office

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team:

The inspection team consisted of one inspector and an Expert by Experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience working with older people.

Service and service type: Head Office (Bridges Healthcare & Nursing Limited) is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity took place on 30 March 2022. We visited the office location to see the registered manager and office staff; and to review care and management records.

What we did:

Before inspection: We reviewed the information we held about the service including notifications we had received. We obtained feedback from two local authorities commissioning team members involved in the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During inspection: We looked at six care files, 10 people's medication administration record sheets, four staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with two people using service, 13 relatives, the registered manager, three support workers and the training coordinator.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this registered service under the current provider. This key question has been rated good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from the risk of abuse. People and their relatives told us they felt safe with staff. One person commented, "Yes, I feel safe with them. I am very impressed with all of them, they are very nice and so kind." One relative said, "Yes, [Relative] feels safe and they[staff] treat them well. They call them and say hello to introduce themselves."
- Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. Staff felt confident that the registered manager and members of the management team would take actions necessary to protect people and address any concerns reported. One staff member said, "Abuse is everyone's business and I will report any concern to the registered manager. They take things like abuse very seriously and will address it." Staff also knew to whistleblow if they needed to escalate their concerns externally.
- The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management

- Risks to people were effectively managed. The registered manager and experienced members of the team assessed risks associated with people's care, health conditions and daily living activities.
- There were risk assessments and management plans in place addressing risks involved in moving and handling tasks, people's skin integrity, personal care, eating and drinking. Where people required two members of staff for safe transfers, this was available and there was appropriate equipment to support staff perform safe transfers. One person told us, "I have a hospital bed, Sarah steady, hospital chair and wheelchair. Yes, I feel safe with staff when using the equipment."
- People at risk of developing pressure sores had guidance in place to reduce the risk. This included encouraging repositioning, maintaining good skin hygiene and applying barrier creams appropriately.
- Staff understood actions to follow to reduce risk of avoidable harm to people. They told us they followed people's risk management plans and reported any concerns to the registered manager. Risk assessments were reviewed and updated to ensure people received safe care and support.

Staffing and recruitment

- There were enough experienced staff to support people meet their needs. People and their relatives told us they received their care visits as planned. One person said, "Yes, they always come at the time scheduled. They have not missed a care call." One relative told us, "Times varies a bit, generally on time. No missed calls."

- Staff told us there were enough of them to meet people's needs safely. One staff member commented, "Time allocated to do the job is mostly enough. Sometimes we run late because of an emergency with one of the people or if there was an incident. If it's a regular thing with a person, we let the management know and they go back to social services to ask for an increase in time for the person."
- Planned and unplanned absences were covered by staff who were willing to do extra hours or by the registered manager and office staff who were available to provide hands-on support to people if needed. Record showed there had not been any missed visits.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- People were supported to take and manage their medicines in a safe way. Staff had completed training in the safe administration and management of medicines and the registered manager had assessed their competency to administer and manage medicines safely.
- People's care plans detailed what level of support people required from staff, if any. Care plans also included a list of medicines people took, any allergies and side effects and actions for staff to take if they noticed any reactions.
- Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. Staff signed MAR charts and dated them. The registered manager carried out regular medicine audits to identify issues.

Preventing and controlling infection

- People were protected from the risk of infection. There were systems to reduce the risk of infection. Staff had completed training in infection control and COVID-19. Staff understood the steps to follow to prevent and reduce the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff. Staff supported people to maintain good personal hygiene and their home environment to reduce the risk of infection.

Learning lessons when things go wrong

- Lessons were learnt from incidents. Staff reported incidents and accidents appropriately. Records of incidents and accidents were reviewed by the registered manager and took actions as required to reduce the risk of incidents repeating again.
- Lessons were learnt and shared with staff. For example, the registered manager had retrained and provided supervision to staff following errors made with recording people's medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this registered service under the current provider. This key question has been rated good.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed in line with recommended guidance and law. The registered manager or senior members of staff carried out assessments of people's needs to establish what support they needed before they started using the service. People and their relatives confirmed they were involved in the assessment process and their choices considered. One relative mentioned, "We were involved absolutely. They [staff] took loved one's comments into consideration and that includes us as a family."
- Assessments covered various areas such as physical health, mental health, nutrition, eating and drinking, moving and handling, personal care and other activities of daily living. Tools such as Waterlow Score (Waterlow score gives an estimated risk for the development of a pressure sore) and Malnutrition Universal Screening Tool (MUST) were used for assessing people's nutritional needs were used.
- Where necessary other professionals such as social workers, speech therapists and community mental health teams were involved in assessing people's needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people effectively. One person mentioned, "Yes, I think they are well trained like a well-oiled machine. They know what they are doing." One relative said, "Some of them are superb. You can see that they have all been trained."
- All new staff members completed an induction which included a period of shadowing experienced staff members. Staff told us, and records showed staff received training relevant to their roles and had received specialist courses tailored to the needs of the people they cared for such as diabetes and dementia care. One staff member said, "Training here is very good. I have had so many trainings and can ask for any training I need to do my job. Currently, I'm up to date with my training."
- Staff told us, and records showed they received regular supervision and performance appraisals. Supervision sessions took the form of spot checks and on-site observations. One staff member said, "We have regular supervision and observation. They [management] pop in from nowhere to check how we are doing. It makes us effective."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff consulted and supported people to make decisions about their care. One person told us, "They [staff] always ask me before they do anything." One relative said, "Yes, they [staff] always ask and tell them what they plan to do. They get a smile in agreement."
- Staff had received training in Mental Capacity Act (MCA) 2005, and they knew to support people to consent appropriately to make decisions. One member of staff told us, "I always ask for consent. I don't force them to do anything instead find different ways of doing things or getting them to consent to the care."
- Care plans documented people's capacity to make decisions and who supported them with specific decision making. The registered manager understood their roles and responsibilities under MCA. They knew to involve other professionals where appropriate.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy balanced diet and to maintain their nutritional and hydration needs. One relative mentioned, "Yes, they [staff] are always making sure loved one has a balanced diet and they leave them drinks."
- Care plans included support people required with eating and drinking and to meet their nutritional needs. Where people required a specific diet, it was noted so staff knew how to support them appropriately and safely.
- Staff supported people to do food shopping and to prepare their meals if required as a need. Staff told us they raised any concerns about people's nutrition with people's relatives and GPs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care services as needed. Staff liaised with healthcare professionals and followed up on their recommendations to ensure people's health were maintained. Records showed a range of health and social care services were involved to maintain people's health and well-being. For example, a district nurse was involved in treating one person's pressure sores.
- Staff liaised and shared information appropriately to ensure people's needs were met effectively when they used other services. Staff told us they liaised with other services and shared information as necessary where needed with ambulance service or hospital staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this registered service under the current provider. This key question has been rated good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were cared for by staff who were caring and kind. One person commented, "I am very impressed with all of the staff. They are very nice and so kind." A relative told us, "Yes, staff are always talking to my loved one and cheering them up even though they can't respond. They are very caring and kind. I have no worries."
- Care plans included people's likes and dislikes, preferences and routines. Staff knew what made people anxious or frustrated. One relative commented, "Staff always do their very best to put loved one at ease. They can get very frightened and staff try to always reassure them." Another relative mentioned, "Yes, the staff are caring. They know loved one well and have a laugh and a joke with them to make them relax while supporting them."
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. Where people made a preference for staff based on gender or culture to meet their needs, this was accommodated.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to be involved in their care and support. One person said, "Staff always explain and ask for my choice." One relative told us, "Yes, my loved one has choices and they are good with them."
- Care records showed that people and their relatives were involved in their care planning and their views were considered. Relatives we spoke with confirmed staff communicated well with them and kept them informed of changes.
- Staff told us they used different communication methods such as body language and facial expressions to communicate and obtain people's views about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence. Staff had completed training in dignity in care as part of their induction programme. Staff gave examples which demonstrated they knew how to promote privacy, dignity and independence.
- People and their relatives confirmed that staff treated their loved ones with dignity and respect. One relative told us, "Yes, they are very interactive with loved one, call them by their name and talk to them. They are polite."
- Care plans detailed what people can do for themselves and what they need support with. One relative

said, "Yes, they do let loved one do the things they can do for themselves." One staff member explained, "We encourage people to do whatever they can do for themselves. It improves their self-worth."

- Records were kept securely, and information only shared with people who had a right to access them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this registered service under the current provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received care and support personalised to their individual needs and preference. People had personalised care plans which detailed people's backgrounds, preferences, personalities, likes, dislikes, routines, care needs and care visit times.
- People told us staff supported them with their needs. One person said, "They do most things for me because I can't do much." Care records showed staff supported people with a range of care tasks to meet their needs including personal care tasks, shopping, arranging appointments and administering medicines.
- Staff were flexible in the way they supported people. They told us if a person required other types of support, they accommodated this where possible. One relative confirmed this in their comment, "They [staff] go out their way for loved one. They went to an appointment and didn't come back on time - staff went to the hospital to collect them."
- The registered manager reviewed people's care plans and updated them to reflect their current needs and situations. Staff confirmed they were made aware of changes in people's care plans, so they provided care that met people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included their communication needs and how best to achieve effective communication. Where people used hearing aids, care plans reminded staff to support them to have them on.
- The registered manager told us they would provide information in different languages if people needed this.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of the procedures to follow to raise their concerns or complaints. They told us the registered manager resolved their concerns quickly. One person commented, "I had complained about a carer and the registered manager visited to discuss it and changed the carer because we didn't get along well."
- The registered manager was knowledgeable about the provider's complaint procedure and had addressed complaints made about the service in line their procedure; and the complaints were resolved satisfactorily.

End of life care and support

- People received the end of life care and support they required in line with their wishes. Care plans detailed people's wishes, including Do Not Attempt Resuscitation (DNAR) status and if they wanted to be sent to hospital or not. At the time of our inspection two people were receiving end of life care.
- Care staff had completed training in end of life care. They told us they worked closely with people's relatives and other health and social care professionals to meet people's needs. One staff member said, "It is a very sensitive time for people and their loved ones. I try my best to give them the best and to go the extra mile to make them comfortable and happy."
- People's relatives were complimentary about the service provided. We read a compliment from a relative which stated, "I would like to take this opportunity to thank everyone linked to Bridges Care agency that helped my loved one in their last days. Thank you is not enough for what you all did, as a family we are so grateful for the care you all provided."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this registered service under the current provider. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support.

- People and their relatives confirmed that the service met their needs and was delivered to high standards. One person said, "[Registered manager] and the care staff are very good, and they know what they are doing. They go above and beyond." A relative told us, "Yes, they are good. We had another firm we used previously and they did not give loved one the quality of care that Bridges now give them."
- Staff told us they liked working for the provider because of the quality of care it provides to people. One staff member said, "The registered manager insists on getting things done and done correctly. You can see they want the best care for people."
- The registered manager and director were involved in running the service. They provided support to staff and delivered hands-on care when needed to ensure people had the care they required.
- The provider had a business continuity plan available which showed how the service would continue to operate to meet people's needs in the event of planned and unplanned emergencies. There were key policies and procedures in place for the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- There was a registered manager in post who had worked at the service for many years and they understood their role and responsibilities in providing effective care to people.
- The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service. They were open and transparent when things go wrong and understood and acted in line with the duty of candour.
- Staff were given a copy of their job description, so they were clear about their roles when they started working with the provider. The registered manager supported staff through regular training, support and supervisions to ensure they continue to be clear about their roles and were effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people, staff and other professionals to get their views about the service provided. One person told us, "Yes, we have regular contact with the manager, and she responds very positively." One relative said, "Overall the service is good, the manager checks in regularly and she has

been known to be proactive and liaise with other services."

- Staff meetings were held regularly to discuss people's care and support. Staff told us they felt listened to and their suggestions were considered. Staff meetings were also used to share information about the service and update staff on changes in government guidelines and legislations.

Continuous learning and improving care

- The quality of the service was regularly checked and monitored. The service director reviewed the service provided looking at safe, effective, caring, responsive and well-led. They developed action plan to improve the service where they found concerns. For example, they were carrying on recruitment on regular basis to improve staffing levels.
- The registered manager conducted regular spot checks to observe staff practices at work with the aim to improve quality. Issues picked up during spot checks are addressed immediately through supervision and training. We noted medicine training had been given to staff following recording issues identified.
- Other areas audited by the registered manager included medicines, care plans, infection control, health and safety equipment, safeguarding records, recruitment records and staff records. Following a health and safety audit conducted, it was identified that one person's bed/equipment had loose wires and not functioning properly. Staff contacted the department in charge to rectify issue immediately.

Working in partnership with others

- The provider worked in partnership with a wide range of organisations and services to improve and develop the service. They worked with local authority service commissioners to improve the standard of the service. Feedback we received from two local commissioners were positive. They said they had no concerns about the standard of care delivered.